

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-017054

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **274** Primary Registration District No. **3052** Registrar's No. **159**

FILED MAY 9 1963

VS 300
Rev. 4/59

1 0808

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12 90-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		c. CITY OR TOWN Sedalia	
Length of stay in 1b 7 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2513 Stephenson		d. STREET ADDRESS (If outside, give location) 2513 Stephenson	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) ALEXANDER JAMES SIMPSON		4. DATE OF DEATH Month May Day 6 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-11-1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Branch Manager		10b. KIND OF BUSINESS OR INDUSTRY Tractor & Implement	11. BIRTHPLACE (City and state or country) New Market, Canada
13a. FATHER'S NAME Alexander James Simpson		13b. MOTHER'S MAIDEN NAME Jennie Marsh	14. NAME OF HUSBAND OR WIFE Hazel Simpson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Mrs. A. J. Simpson, 2513 Stephenson		Address: Sedalia, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Severe Hypotension with Syncope DUE TO (b) Cerebral ischemia DUE TO (c) Generalized Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH Sudden 4 years 5 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CVA 5 years ago - Hypotension 5 years		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Sedalia, Missouri		
21. I attended the deceased from 5 April 1959 to 6 May 1963 and last saw him alive on April 1963 Death occurred at 12:50 P m on the date stated above, and to the best of my knowledge, from the causes stated.		22. DATE SIGNED 8 May 1963	
22a. SIGNATURE Stanley D. Fisher M.D.		22b. ADDRESS 500 West 16th Sedalia, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 8, 1963	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
24. FUNERAL DIRECTOR D.W. Heckart, Gillespie Funeral Home		25. DATE RECD. BY LOCAL REG. May 8, 1963	
26. REGISTRAR'S SIGNATURE Francis Shelby Pen		27. REGISTRAR'S SIGNATURE H. Anderson	

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. 692

working under my personal supervision.

Student

Signature of Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.